



**ALCOHOL BEVERAGE CATERING PERMIT
(48 HOUR NOTICE REQUIRED)**

Department Use Only:

State License Attached (If Outside of City Limits)

☐ Approved

☐ Denied

Chief of Police or Authorized Representative

Date

City Clerk

Date

Licensee (Name on Alcohol Beverage License): _____

Address of Licensee: _____ State License No.: _____

Licensee Contact Person: _____ Phone: _____

Date of Event: _____ Time: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

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Date of Event: _____ Time: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

The sponsored event will only be open to the named organization(s) and guests for a period of _____ day(s), not to exceed three (3) consecutive days at a fee of twenty dollars (\$20.00) per day.

Type of Beverage to be dispensed: ☐ Beer ☐ Wine ☐ Liquor

Per State Code Section 23-927, hard liquor cannot be sold before 10:00 a.m.

Name of Organization/Group/Person sponsoring the event: _____

Address of Organization/Group/Person sponsoring the event: _____

Phone: _____

Event: _____

Location of Event (if a public building, specify the room(s) in which alcohol is to be served):

Printed Name of Licensee

Signature of Licensee

Unless licensee is disqualified, approval of this permit does certify that the licensee is entitled to hold and use this City of Idaho Falls, Idaho Alcohol Beverage Catering Permit at the above designated premises, subject to provisions of Title 23, Idaho Code and Title 4, Chapter 2 of the City of Idaho Falls Code of Ordinances.

Fee Paid: _____

Receipt No.: _____